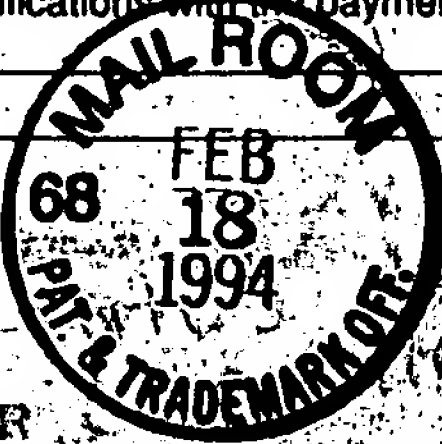


PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
 <p>ROBERT L. MINIER ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08903-7003</p>	<p>INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED		
07-838,341	02/19/92	012	RAIMUND, C	10/18/93		
First Named Applicant: MINIER, ROBERT L.						
TITLE OF INVENTION: STERILIZED HETEROGENEOUS BRAYS						
ATTY'S DOCKET NO.	CLASS/SUBCLASS	BATCH NO.	APPLN TYPE	SMALL ENTITY	FEE DUE	DATE DUE
ETH-782	605-281.000	562	UTILITY	NO	\$1170.00	02/18/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no names are listed, no name will be printed.
<p>30431 02/22/94 07838511</p> <p>30432 02/22/94 07838511</p>	<p>1. Hal Brent Woodrow</p> <p>2. 170.00CH</p> <p>30.00CA</p>

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: Ethicon, Inc. Recorded 2/19/92 Reel-6023		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)	
(2) ADDRESS (CITY & STATE OR COUNTY): Somerville, N.J.		6b. The following fees should be changed to: 10-0750	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: Ohio		DEPOSIT ACCOUNT NUMBER: (ENCLOSED PART C)	
<p>A. <input type="checkbox"/> This application is NOT assigned.</p> <p><input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office.</p> <p><input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.</p> <p>PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>		<p><input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10)</p> <p><input type="checkbox"/> Any Deficiencies in Enclosed Fees</p> <p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p>	
		(Signature of party in interest of record)	
		32,501 Hal Brent Woodrow	
		(Date) 2/16/94	
NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
ROBERT L. NINER ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003	INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/838,511	02/19/92	012	RAYMUND, C	1504 11/18/93
First Named Applicant	HUNTER			
TITLE OF INVENTION	STERILIZED HETEROGENEOUS BRAIDS			

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 ETH-782	606-231.000	567	UTILITY	NO	\$1170.00	02/18/94

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	1. Hal Brent Woodrow 2. 3.

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies (Minimum of 10) 6b. The following fees should be changed to: 10-0750 DEPOSIT ACCOUNT NUMBER (ENCLOSED PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10) <input type="checkbox"/> Any Deficiencies in Enclosed Fees
(1) NAME OF ASSIGNEE: Ethicon, Inc. Recorded 2/19/92 Reel 6023 Frame 941 (2) ADDRESS (CITY & STATE OR COUNTY) Somerville, N.J. (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Ohio	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) 32,501 Hal Brent Woodrow (Date) 2/16/94
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	

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1. CORRESPONDENCE ADDRESS
S. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

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City, State and

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Washington, D.C. 20231

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DATE MAILED	EXAMINED AND GROUP ART UNIT	TOTAL CLAIMS	FILING DATE	SERIES CODE SERIAL NO.
			16, 1994	
	no	(Date)		

App: 2011-01-01

Hal Brent Woodhead

(Signature)

INVENTION
TITLE OF

Hal Brent Woodrow

(Typed or Printed Name)

DATE DUE	FEE DUE	SMALL ENTITY	CLASSIFICATION	ALIAS DOCKET NO.
	(Date)		February 16, 1994	

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Hal Brent Woodrow

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The amount of time you require to complete this form should be sent to the

Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory C.

Affairs, Office of Management and Budget, Washington, D.C. 20503.

☐ This application is NOT assigned.

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33-38101-101

memorandum as part of the machine's

On August 10, 1968, the Patent Office advised that the patent application was pending.

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